

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 06-MAY-2016		TIME 09:32:00		2 ADDRESS OF OCCURRENCE 11845 1/2 S SANGAMON ST CHICAGO, IL 60643				3 LOCATION CODE 200		4 BEAT/OCCUR 0524									
MEMBER INVOLVED	5 POSITION 9165		6 LAST NAME ROSS		7 FIRST NAME CHRISTOPH M		8 STAR NO 20518		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE 510		12 HT. 180		13 WT. 180		
	14 DATE OF APPT 18-DEC-2000		15 EMPLOYEE NO. [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 620 5751E		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
SUBJECT INFORMATION	20 LAST NAME BEASLEY		21 FIRST NAME TERRICK		22 M.I. [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D.O.B. 15-OCT-1994		26 HT. 511		27 WT. 160				
	28 ADDRESS 11813 S MORGAN ST CHICAGO, IL 60643				29 TELEPHONE NO. [REDACTED]		30 WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
33 WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST				34 BY WHOM? CHRIST				35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence				36 CHARGES PLACED [REDACTED]				37 CB NO. 19306429			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE																
39. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION BARSA .380															
WEAPON DISCHARGE INCIDENT				41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR			
				45. MAKE/MANUFACTURER GLOCK, INC. - AU -				46. MODEL 17				47. BARREL LENGTH 4				48. CALIBER/GAUGE 9 MM			
				49. TASER DART ID NO. APR636				50. WEAPON SERIAL No. (include Letters) APR636				51. CHICAGO GUN REG. NO. R035463S				52. IL FIREARM OWNER ID NO 17510653			
				53. SPECIAL WEAPON CERTIFICATE NO.				54. PROPERTY INVENTORY NO.				55. TYPE OF AMMUNITION USED Department issued				56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1			
				57. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)				58. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 3				60. HOW WAS MEMBER'S HANDGUN WORK <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
				61. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				70. EVENT NO 1612704194			
				64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				67. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			
CASE INFO				71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC				72. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.				Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				77. R.D. NO. HZ253344			
SIGNATURES				73. REPORTING MEMBER (Print Name) ROSS, CHRISTOPH M				STAR/EMPLOYEE NO 20518				SIGNATURE [REDACTED]							
				74. REVIEWING SUPERVISOR (Print Name) BARNES, MAURICE				STAR NO. 2004				SIGNATURE [REDACTED]				DATE REVIEWED 06-MAY-2016 15:04:43			

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview, subject currently in surgery at Christ Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

U#16-6

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by the Area South Bureau of Detectives and appropriate criminal charges have not yet been determined. Based on the facts available at this time, it is the preliminary finding that Officer Ross acted in compliance with department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1080417 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

SIGNATURE

DATE COMPLETED

TIME

06-MAY-2016 15:17:05

79. TOTAL TRR's THIS EVENT No

1